

**(DOD OVERLAY)****Contact and Household Member Identification for Referral to Vaccination Site**

Name of Contact Tracer: \_\_\_\_\_

Date of referral (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccination Site referred to: \_\_\_\_\_

Vaccination Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Information on this form is subject to the Privacy Act of 1974.)

Name (Last, first, MI)	Status: Active/ Guard Reserve Retired Family	Service/ Unit Name	Contact (C) or Household Member (H)	SS# or other identification (driver's lic. #, passport #)	FMP – Sponsor SS#

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